112003

UTILITY PATENT APPLICATION TRANSMITTAL

Attomey Docket No. 16869B-077700US

First Inventor Fujibayashi, Akira

Method and Apparatus for Volume Replication Management at Planned and Unplanned Link Down

Express Mail Label No. EV346923089US

, (Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS See MPEP chapter 600 concerning design patent application contents.					ADDRESS TO Mail Stop Patent Application Commissioner for Patents P.O. Box 1450					
2.	Fee Transmittal Form (e.g., P (Submit an original and a duplicat Applicant claims small entity see 37 CFR 1.27. Specification (preferred arrangement set forth be Descriptive title of the Invention Cross Reference to Related App Statement Regarding Fed spons Reference to sequence listing, a or a computer program listing ap Background of the Invention Brief Summary of the Invention Brief Description of the Drawings Detailed Description Claim(s)	e for fee processtatus. [Total Pages elow) lications ored R & D table, pendix		8. Nucle (if ap a.	Alexandria, VA 22313-1450 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper number of pages c. Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS					
4. Oath of a. State of the stat	n following the title, or in an Ap inuation ☐ Divisional plication information: Exa	r copy) on (37 CFR 1 all with Box 1 ITOR(S) leleting invento n, see 37 CFR 37 CFR 1.76 appropriate be olication Data continuer conty: The ent	s 2] .63 (d)) 8 completed r(s) ox, and supplesheet under inuation-in-pa	11.	12. Information Disclosure Statement (IDS)/PTO-1449 Citations (3) 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. Other: The requisite information below and in the first sentence of the CFR 1.76: CIP) of prior application No: Art Unit: of the prior application, from which an oath or declaration is supplied					
reterence.	the incorporation can omy be r		CORRESPO			inted irom the	submitted application pa	iits.		
☑ Customer Number 203				350		OR 🗆	correspondence address below			
Name	1									
Address										
City			State			Zip Code				
Country		Telep	hone			Fax				
Name (Print/Type) Robert C. Colwell		Registration	n No. (Atton	ney/Agent)	27,431					
Signature		n C	Colu			Date	November 20, 200)3		

FEE TRANSMITTAL for FY 2004						Complete if Known						
						Application Number						
						Filing Date						
Effective 10/01/2003. Patent fees are subject to annual revision.						First Named Inventor			payashi, Akira	9		
Applicant claims small entity status. See 37 CFR 1.27						Examiner Name						
						Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 810						Attorney Docket No.			16869B-077700US			
	MENT (check all t	hat apply)	FEE CALCULATION (continued)									
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The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments						1,840*	1805	1,840*	Examiner action Requesting public	cation of SIR after		
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			Design filing fee Plant filing fee		1403	290	2403	145	Request for oral I	_		
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	2005 8		Provisional filing fee		1452	110	2452	55	Petition to revive	– unavoidable	\vdash	
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Fee Fee Code (\$)	Fee Code	Fee (\$)	Fee Descri		1810	770	2810	385	(37 CFR § 1.129) For each addition examined (37 CF	al invention to be		
1202 18 1201 86	2202 2201	9 43	Claims in ex Independen	t claims in excess of 3	1801	770	2801	385	Request for Cont	inued Examination		
1203 290	2203	145		endent claim, if not paid	1802	900	1802	900	(RCE)	dited evamination		
1204 86	2204	43 ** Reissue independent claims over original patent			1002 300			000	Request for expedited examination of a design application			
205 18 2205 9 ** Reissue claims in excess of 20 and over original patent						Other fee (specify)						
SUBTOTAL (2) (\$)0 **or number previously paid, if greater; For Reissues, see above						*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)40						
SUBMITTED BY Complete (if applicable)												
Name (Print/Type) RobertyC. Colwell Registration No. (Attorne					y/Agent) 27,431 Telephone 650-326-2400				650-326-2400			
Signature ()					2				Date	November 20, 2003		